

[REDACTED] by her parents and natural  
guardians, APRIL BRYANT and WAYNE BRYANT v.  
The Chiari Institute and North Shore University  
Hospital, et. al.

Retainer Statement Number & Date Assigned:

REB3774  
7/22/15

Retainer Statement

TO: OFFICE OF COURT ADMINISTRATION  
OF THE STATE OF NEW YORK  
Post Office Box 2016, New York, N.Y. 10008

1. Date of agreement as to Retainer.

November 3, 2008

2. Terms of Compensation.

(i) [REDACTED] on the first \$ [REDACTED] of the sum recovered,  
(ii) [REDACTED] on the next \$ [REDACTED] of the sum recovered,  
(iii) [REDACTED] on the next \$ [REDACTED] of the sum recovered,  
(iv) [REDACTED] on the next \$ [REDACTED] of the sum recovered  
(v) [REDACTED] on any amount over \$ [REDACTED] of the sum recovered; or,

3. Name and home address of client [REDACTED], Infant, by her parents and natural guardians, April Bryant (Mother) and Wayne Bryant (Father), 2417 E. St., James, Hayden Lake, County of Kootenai, Idaho.

4. If engaged by an attorney, name and office address of retaining attorney N/A

5. If claim for personal injuries, wrongful death or property damage, date and place of occurrence On April 15, 2008 at The Chiari Institute, 865 Northern Boulevard, Great Neck, NY, 11021 and North Shore University Hospital, 300 Community Drive, Manhasset, NY 11030.

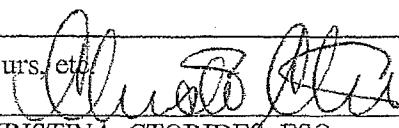
6. If a condemnation or change of grade proceeding:

(a) Title and description \_\_\_\_\_  
\_\_\_\_\_  
(b) Date proceeding was commenced \_\_\_\_\_  
(c) Number or other designation of the parcels affected \_\_\_\_\_  
\_\_\_\_\_

7. Name, address, occupation and relationship of person referring the client www.goldsmithelegal.com

Date: New York, N.Y., 26 day of July, 2011

Print  
Or  
Type

Yours, etc. 

CHRISTINA CTORIDES, ESQ.  
GOLDSMITH, CTORIDES & RODRIGUEZ,  
L.L.P.

Attorney  
747 3<sup>rd</sup> Avenue, NY, NY 10017

Office and P.O. Address  
1<sup>st</sup> Dist 1<sup>st</sup> Dept New York County

\*Set forth particulars as to the fee arrangement the type of services to be rendered in the matter, the code number assigned to the statement of retainer filed by the retaining attorney and the date when said statement of retainer was filed.

AFFIDAVIT

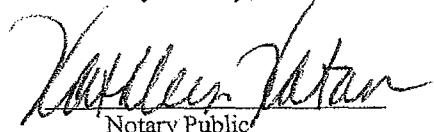
STATE OF NEW YORK )  
: ss.:  
COUNTY OF NEW YORK )

CHRISTINA CTORIDES, being duly sworn, deposes and says:

1. I am a member of the firm of **GOLDSMITH, CTORIDES & RODRIGUEZ, L.L.P.**, attorneys for **APRIL BRYANT (Mother)** and **WAYNE BRYANT (Father)**, as parents and natural guardians of [REDACTED].
2. That a review of the file in this matter indicates that your deponent's office failed to file a Retainer Statement.
3. That your deponent respectfully begs leave to file said Retainer Statement nunc pro tunc.

  
CHRISTINA CTORIDES

Sworn to before me this  
26<sup>th</sup> day of July, 2011.

  
Notary Public

~~KATHLEEN KATAN  
Notary Public, State of New York  
No. 01KA4795756  
Qualified in Orange County  
Commission Expires April 30, 2011~~

  
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